

# **SCIENCE WITH MISS “JET”**

## **NATURAL ART CLASS**



**Ages 6-Adult**

Learn about and use a wide variety of nature's plant, animal and mineral materials.  
Use pressed plant material to create a bookmark or decorate a magnetic photo frame with plants, shells and other treasures from nature.  
Add your own photograph for a special gift!

**When:** Thursday, November 15, 2012 from  
6pm-7pm @ The Franklin Center

**OR**

Saturday, December 8, 2012 from  
10am-11am @ Studio in the Park

**Register By:** One Week Prior to Class

**Cost:** \$13.00 per student

**To register:** Fill out the back of this form, mail form  
and payment to:

Franklin County Parks & Recreation

2150 Sontag Road

Rocky Mount, VA 24151

[www.franklincountyva.gov/parks](http://www.franklincountyva.gov/parks)



Please call Jeanette Lawler, instructor,  
at 540-334-2546 for more information.

**Franklin County Parks and Recreation Registration  
and Liability Waiver Form – 2012 Natural Art Workshop**

**Name** \_\_\_\_\_

**Age** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_

**Zip** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**PLEASE CIRCLE:**

**NOVEMBER CLASS**

**DECEMBER CLASS**

I understand the importance of following all rules and regulations relating to this activity, including the instructions of the person/or persons supervising this activity and/or the requirements of the person or entity responsible for the area where the activity is to take place. I agree to follow and comply with all such rules, regulations, instructions, and/or requirements.

I understand that it is important that I be in good physical condition when I agree in the activity, and understand that it is my responsibility to maintain an activity level that is compatible with my physical condition and skill level.

I hereby expressly assume the risk of any physical injury or other loss that I might sustain as the result of participating in this activity and any transportation related thereto. I further understand that there may be risk of injury in traveling to and from the area where the activity will take place.

I also expressly waive and covenant not to sue on any claim I might have against the County of Franklin, or any officer or employee of the County, or any volunteer, or the estate or representatives of such persons for any personal injury or loss that I might sustain as the result of engaging in any activity relating to this program whether caused by negligence, breach of contract, or otherwise: except that this waiver shall not apply to any claim I might have against the County (or its agents) for any such personal injury or loss I might sustain arising out of gross or wanton negligence of any such person or entity. **I also give permission to be photographed and to be used in any form of publication to promote Franklin County Parks and Recreation.**

**Signature:** \_\_\_\_\_

I have the following physical impairments or medical conditions, including allergic reactions:

\_\_\_\_\_

Current medications that participant is taking now:

\_\_\_\_\_

**Name of Emergency Contact:** \_\_\_\_\_

**Emergency Contact Phone Number:** \_\_\_\_\_